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PTO/SB/D1 (12-87)

Approved for use through 9/30/00, OMB 0651-0032

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DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, dated below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/D2B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code / Not here

Name	Registration Number	Name	Registration Number
Jeffrey S. Standley	34,021		
Jeffrey C. Norris	42,039		
Cheryl S. Scotney	46,218	Carol G. Stovsky	42,171

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/D2C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	JEFFREY S. STANDLEY				
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Address	495 Metro Place South, Suite 210				
City	Dublin,	State	Ohio	ZIP	43017
Country	USA	Telephone	614-792-5555	Fax	614-792-5536

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (First and middle (if any))	Family Name or Surname
Hassan	Pirasteh

Inventor's Signature				Date	11-13-00
Residence: City	Jacksonville	State	Florida	Country	USA
Post Office Address	9313 Wesley Cove Court 1349 Hideaway Dr. S.				
Post Office Address					
City	Jacksonville	State	Florida	ZIP	32257 32259
				Country	USA

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/D2A attached hereto

Please type a plus sign (+) inside this box: ☒

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PTO/BB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John		Garrow	
Inventor's Signature	<i>John Garrow</i>	Date	11-14-00
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		Country	USA
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Post Office Address			
City	Jacksonville	State	FL
		ZIP	32223
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Shelly		Grossmith	
Inventor's Signature	<i>Michelle (Shelly) Grossmith</i>	Date	11-14-00
Residence: City	Jacksonville	State	FL
		Country	USA
Post Office Address	960 Satsuma Cir		
Post Office Address			
City	Jacksonville	State	FL
		ZIP	32259
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Khadim		Hussain	
Inventor's Signature	<i>Khadim Hussain</i>	Date	11/14/00
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		Country	DUVAL
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Post Office Address			
City	JACKSONVILLE	State	FL
		ZIP	32246
		Country	U.S.A

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(3)

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PTO/SB/01 (12-97)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CON1246-076
First Named Inventor	Pirasteh et al.
COMPLETE IF KNOWN	
Application Number	09 / 593,795
Filing Date	June 14, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR PROCESSING TELEPHONE CALLS BY IVR

the specification of which (Title of the invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 06/14/2000 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefit under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

☐ I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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